Board of Long-Term Care Administrators

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 200
Henrico, Virginia 23233-1463
Board Room #4

March 4, 2014
9:30 a.m.

AGENDA

CALL TO ORDER

ORDERING OF AGENDA

PUBLIC COMMENT PERIOD

ACCEPTANCE OF MINUTES – Tab 1

- Minutes of Board Meeting – September 24, 2013
- Public Hearing – December 10, 2013

INFORMAL CONFERENCES HELD

- (2) December 10, 2013

PRESENTATION – LTC Workforce Survey – **Elizabeth Carter**

EXECUTIVE DIRECTOR'S REPORT – Lisa R. Hahn - Tab 2

NEW BUSINESS

- Legislative & Regulatory Reports – **Elaine Yeatts – Tab 3**
  - Adoption of Final Regulations – Fee Increase
- Update on NAB's Professional Practice Analysis – **Lisa Hahn & Karen Stanfield – Tab 4**
- Informal Fact Finding Conference Training (SRP) – **Lisa Hahn – Tab 5**

ADJOURNMENT

Tab 1

UNAPPROVED MINUTES
VIRGINIA BOARD OF LONG TERM CARE ADMINISTRATORS
MEETING MINUTES

The Virginia Board of Long Term Care Administrators convened for a board meeting on Tuesday, September 24, 2013 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #2, Henrico, Virginia.

The following members were present:

Martha H. Hunt, ALFA, Vice-Chair
John Randolph Scott, NHA, ALFA
Kathleen R. Fletcher, MSN, Citizen Member
Karen Stanfield, NHA, Citizen Member
Amanda Gannon, NHA
Doug Nevitt, ALFA

The following members were absent for all or part of the meeting:

Thomas J. Orsini, NHA, Chair
Gracie Bowers, Citizen Member

DHP staff present for all or part of the meeting included:

Lisa R. Hahn, Executive Director
Lynne Helmick, Deputy Executive Director
Elaine Yeatts, Senior Policy Analyst
Missy Currier, Board Operations Manager

Quorum:

With 6 members present & consisting of at least one citizen member, a quorum was established.

Guests Present:

Jeanne Grady, Virginia Assisted Living Association (VALA)
Dana Parsons, Virginia Association of Nonprofit Homes for the Aging (VANHA)

CALLED TO ORDER

Ms. Hunt, Vice-Chair, called the Board meeting to order at 9:36 a.m.

PUBLIC COMMENT PERIOD

There was no public comment.

ORDERING OF THE AGENDA

The Agenda was approved after re-ordering Tab 2 for discussion following the election of officers.

ACCEPTANCE OF MINUTES

Upon a motion by Karen Stanfield and properly seconded by Kathleen Fletcher, the Board voted to accept the following minutes of the board meeting:

- Minutes of Board Meeting – December 11, 2012
- Formal Hearing – December 11, 2012
- Public Hearing – July 11, 2013

The motion carried unanimously.

INFORMAL CONFERENCES HELD

Ms. Hunt shared that the following informal conferences were held:

- (4) March 12, 2013
- (2) June 19, 2013
- August 16, 2013

EXECUTIVE DIRECTOR'S REPORT – Lisa R. Hahn

FY13 Budget

Ms. Hahn reported that the cash balance as of June 30, 2012 was $(285,901); the revenue for FY13 was $376,522; the direct and allocated expenditures were $435,014; the ending cash balance as of June 30, 2013 was $(344,393). Discussion followed regarding the continued need for the request for a fee increase to be approved by the Administration immediately. The longer it takes to have the approval for a fee increase, the greater the deficit. Ms. Hahn concluded that it will take years for the board to recover financially.

Discipline Statistics

Ms. Hahn reported there are currently 28 open cases; 18 cases in Investigations, 4 cases in the probable cause level, 4 cases in APD, 2 in the informal stage and 0 at the formal stage. Ms. Hahn stated that 20 Orders were currently being monitored for compliance.

Virginia Performs

Ms. Hahn reported the clearance rate for the first quarter ending June 30, 2013 was 90%. During this quarter we received 10 cases and closed 9. The age of our pending case load over 250 days was at 5%; the percent of cases closed within 250 business days was 78% (2 cases were closed over 250 days); the customer satisfaction rating achieved was 100%; and licensing within 30 days was at 100%.

Ms. Hahn gave special recognition to her staff for their great customer service.

Licensee Statistics

Ms. Hahn reported the numbers of current licensees in the State of Virginia are as follows:

- NHA: 847 Administrators; 75 AIT's; 238 Preceptors
- ALF: 614 Administrators; 81 AIT's; 5 "Acting AIT's", 180 Preceptors

Board Presentations

- April 25th - vaLTC Spring Conference in Short Pump, VA – Annie Artis
- May 6th –DSS Provider Training for the Eastern and Peninsula Region – Virginia Beach Lisa Hahn & Missy Currier

Board Business

ALF Stakeholders Meetings

Ms. Hahn shared that an ALF Stakeholders Committee was formed this year similar to NFAC which will deal with issues involving Assisted Living Facilities. She stated that Randy Scott was a member that she and Missy Currier attended two meetings held in April and July. She further shared that at the Committees request; she provided board statistics on discipline including the various types of cases that were received. Ms. Hahn further shared that the Committee expressed concern for a lack of Preceptors and she was asked by a member of the Committee if the board would consider offering CE credit to Preceptors. Ms Hahn concluded that another email push was sent in the spring in an effort to increase the Voluntary Public Contact List for Preceptors and that she would share the suggestion with the board regarding offering CE credit to Preceptors.

Maryland Board of Examiners

Ms. Hahn shared that she held a teleconference with the Maryland Board who are seeking guidance into establishing ALF regulations.

Nursing Facility Advisory Committee

Ms. Hahn shared that she attended the last meeting in which various Nursing Home issues were discussed including unclaimed dead bodies. She stated she attended a meeting held by the AG's office which included approximately 30 interested parties. Ms. Hahn stated the meeting did not result in any solutions but that she anticipates proposed legislation during the 2014 General Assembly Session and that she just wanted to make the board aware. Ms. Hahn shared that Karen Stanfield is a member of the NFAC and was also in attendance at the meeting.

Calendar

- **2013:** December 10th
- **2014:** March 4th; June 24th; September 9th; December 16th

Ms. Hahn suggested that the members record the meeting dates on their calendars to avoid last minute conflicts for establishing quorums.

BREAK

The board recessed at 11:00 a.m. for a 10 minute break and reconvened at 11:10 a.m.

NAB Business Update

- Ms. Hahn attended the Executive Committee Meeting February 19-22nd
- Lynne Helmick attended the 2013 NAB Annual Meeting June 12 -14th.
- Ms. Hahn will be attending the NAB Mid-Year meeting from November 5 – 8th
- Ms. Hahn has served 4 years as the Chair of SG & RIC and oversees 2 Forums
- Ms. Hahn holds national conference calls updating the states on previous & upcoming meeting, projects etc.

NAB's New Professional Practice Analysis

Ms. Hahn shared that NAB formed a Professional Practice Analysis Task Force last fall and that Karen Stanfield had been selected to serve based on her NHA credentials. Ms. Hahn explained that the PPA was looking at the whole spectrum of care to include the following:

- Increased focus on the person centered care
- Decreased focus on the locus of care (location)
- Included is home and community based services (HCBS)

Ms. Hahn then asked Ms. Stanfield to share her experience on the task force. Ms. Stanfield shared that the group had been given the difficult task of re-writing the domains of practice in order to encompass all entities that would result in a "Super License" for the profession. Ms. Stanfield concluded that an on-line survey of the pilot domains has been distributed and they will review the results at the January meeting.

NAB New Website Presentation

Ms. Hahn presented the new revised NAB website and shared that she played a key role in developing the design and content. During the presentation, Ms. Hahn pointed out the public domain accessible by everyone and the board's domain which is only accessible by the board executive. Ms. Hahn played one of five video snippets that were filmed specifically for the website. She also spoke about future installation of a messaging board that will provide the ability for boards to communicate with one another.

Ms. Hahn recommended that the members take the opportunity to navigate the site when they have the time.

NEW BUSINESS

Status of Regulatory Actions – Elaine Yeatts

18VAC95-20 Nursing Home Administrators as of September 3, 2013:

- Re-Proposed Fee Increase – At Secretary's Office for 162 days.

Ms. Yeatts commented that the longer the fee increase remains unapproved, the worse the budget situation will become.

18VAC95-30 Assisted Living Facility Administrators:

- Oversight of acting administrators in an AIT program – Board to adopt final regulations during meeting.

Oversight of Acting Administrators – Final Adoption

Ms. Yeatts reviewed the proposed regulations for adoption regarding the oversight of acting administrators in the AIT program. Ms. Yeatts also shared that the board received no comment on the proposed regulations during the Public Hearing or during the comment period.

Upon a motion by Randy Scott and properly seconded by Karen Stanfield, the board voted to adopt the final amendments to 18VAC-95-30-10 et seq., regulations Governing the Practice of Assisted Living Facility Regulations for the oversight of Acting Administrators. The motion carried unanimously.

The Board requested that Ms. Hahn review the pass/fail national exam results, and disciplinary action results from those applicants who served in the "Acting" AIT program and to share at the next meeting.

Regulations under Governor's Regulatory Reform Project – Fast-Track Action (Attachment #1):

Ms. Yeatts explained reviewed the staff recommendations made to **18VAC 95-30-10 et seq.,** of the Regulations the Practice of Assisted Living Facility Administrators under the Governor's Reform Act.

Upon a motion by Amanda Gannon and properly seconded by Randy Scott, the board voted to adopt the proposed amendments pursuant to Regulatory Reform by a Fast-track action to **18VAC95-30-10 et seq.,** Regulations Governing the Practice of Assisted Living Facility Administrators. The motion carried unanimously.

Decision on Petition for Rule-Making

The board considered the petition for rule-making and discussed at length, the accountability and training for persons serving as preceptors for assisted living trainees. The board agreed that annual training for preceptors would be helpful, but the board does not have the funds or resources to develop the training. The board agreed that they cannot prescribe a contract agreement between the AIT and the preceptor but did agree to add a signature line in the AIT application for the preceptor. In conclusion, the board made the decision to retain the current requirements and to refer the matter to a committee for further consideration.

LUNCH BREAK

The board recessed for lunch at 11:35 and reconvened at 12:25

DISCIPLINARY AND PROBABLE CAUSE REVIEW – Lisa R. Hahn

Ms. Hahn provided guidance in the process involved when reviewing cases for Probable Cause and the elements involved in making sound decisions. Key points Ms. Hahn discussed in her review included:

- Probable Cause Determination
- Who Conducts the Review
- Review of the Probable Cause Form & How to Complete it
- 5 Probable Cause Elements
- Making Recommendations

Ms. Hahn emphasized how important it is to ensure that evidence exists to substantiate the alleged violations cited.

Ms. Hahn stated that she would be providing a refresher on Sanction Reference Points at the next meeting.

ELECTION OF OFFICERS

Upon a motion by Randy Scott and properly seconded by Kathleen Fletcher, the board voted on the re-election of Tom Orsini as Board Chair, and Karen Stanfield as Vice-Chair. The motion carried unanimously.

CONSIDERATION OF THE RECOMMENDED DECISION OF THE INFORMAL CONFERENCE COMMITTEE

Ms. Hunt opened the session by asking Ms. Fletcher to enter the board into closed session for the purpose of consideration of the recommended decision of the informal conference committee.

CLOSED SESSION: Upon a motion by Ms. Fletcher, and duly seconded by Mr. Vincent, the Board voted to convene a closed meeting pursuant to Section 2.2-3711 (A) (27) of the *Code of Virginia* for the purpose of deliberation to reach a decision in the matter of Crystal Brookins Smith. Additionally, Ms. Fletcher moved that Ms. Hahn, Ms. Helmick, and Ms. Currier attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations. The motion passed unanimously.

The Board convened into closed session at 12:45 p.m.

OPEN SESSION: Upon a motion by Ms. Fletcher and duly seconded by Mr. Vincent, the Board voted to open the meeting. The motion carried unanimously. Having certified that the matters discussed in the preceding closed session met the requirements of 2.2.-3711 (A) (27) of the *Code of Virginia.*

The Board re-convened open session at 12:55 p.m.

DECISION: Upon a motion by Randy Scott and properly seconded by Kathleen Fletcher, the board agreed to the recommended decision of the Informal Conference Committee. The motion carried unanimously.

ADJOURNMENT

With all business concluded, the meeting was adjourned at 12:55 p.m.

Martha Hunt, ALFA, Vice-Chair	Lisa R. Hahn, Executive Director
Date	Date

ATTACHMENT #1

Project 3608 **BOARD OF LONG-TERM CARE ADMINISTRATORS**

Regulatory review changes

Part I
General Provisions

18VAC95-30-10. Definitions.

A. The following words and terms when used in this chapter shall have the definitions ascribed to them in § 54.1-3100 of the Code of Virginia:

"Assisted living facility"

"Assisted living facility administrator"

"Board"

B. The following words and terms when used in this chapter shall have the following meanings unless the context indicates otherwise:

"ALFA" means an assisted living facility administrator.

"ALF AIT" means an assisted living facility administrator-in-training.

"Domains of practice" means the content areas of tasks, knowledge and skills necessary for administration of a residential care/assisted living facility as approved by the National Association of Long Term Care Administrator Boards.

"NAB" means the National Association of Long Term Care Administrator Boards.

Part II
Renewals and Reinstatements

18VAC95-30-60. Renewal requirements.

A. A person who desires to renew his license or preceptor registration for the next year shall, not later than the expiration date of March 31 of each year, submit a completed renewal form and fee.

B. The renewal form and fee shall be received no later than the expiration date. Postmarks shall not be considered.

C. An assisted living facility administrator license or preceptor registration not renewed by the expiration date shall be invalid, and continued practice may constitute grounds for disciplinary action.

18VAC95-30-70. Continuing education requirements.

A. In order to renew an assisted living administrator license, an applicant shall attest on his renewal application to completion of 20 hours of approved continuing education for each renewal year.

1. Up to 10 of the 20 hours may be obtained through Internet or self-study courses and up to 10 continuing education hours in excess of the number required may be transferred or credited to the next renewal year.

2. A licensee is exempt from completing continuing education requirements ~~and considered in compliance on~~ for the first renewal ~~date~~ following initial licensure in Virginia.

B. In order for continuing education to be approved by the board, it shall be related to the domains of practice for residential care/assisted living and approved or offered by NAB, an accredited educational institution or a governmental agency.

C. Documentation of continuing education.

1. The licensee shall retain in his personal files for a period of three renewal years complete documentation of continuing education including evidence of attendance or participation as provided by the approved sponsor for each course taken.

2. Evidence of attendance shall be an original document provided by the approved sponsor and shall include:

a. Date or dates the course was taken;

b. Hours of attendance or participation;

c. Participant's name; and

d. Signature of an authorized representative of the approved sponsor.

3. If contacted for an audit, the licensee shall forward to the board by the date requested a signed affidavit of completion on forms provided by the board and evidence of attendance or participation as provided by the approved sponsor.

D. The board may grant an extension of up to one year or an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the administrator, such as a certified illness, a temporary disability, mandatory military service, or officially declared disasters.

Part III
Requirements for Licensure

18VAC95-30-95. ~~Licensure of current administrators.~~ (Repealed.)

~~A. Until January 2, 2009, any person who has served in one of the following positions for the period of one of the four years immediately preceding application for licensure may be licensed by the board:~~

~~1. A full-time administrator of record in accordance with requirements of 22VAC40-72-200, or an assistant administrator in an assisted living facility, as documented on an application for licensure; or~~

~~2. A full-time regional administrator with onsite supervisory responsibilities for one or more assisted living facilities with at least two years of previous experience as the administrator of an assisted living facility as documented on an application for licensure.~~

~~B. Persons who are applying for licensure based on experience as an administrator as specified in subsection A of this section shall document a passing grade on the national credentialing examination for administrators of assisted living facilities approved by the board.~~

18VAC95-30-180. Preceptors.

A. Training in an ALF AIT program shall be under the supervision of a preceptor who is registered or recognized by a similar licensing board in another jurisdiction.

B. To be registered by the board as a preceptor, a person shall:

1. Hold a current, unrestricted Virginia assisted living facility administrator or nursing home administrator license;

2. Be employed full-time as an administrator in a training facility or facilities for a minimum of one of the past four years immediately prior to registration or be a regional administrator with on-site supervisory responsibilities for a training facility or facilities; and

3. Submit an application and fee as prescribed in 18VAC95-30-40. The board may waive such application and fee for a person who is already approved as a preceptor for nursing home licensure.

C. A preceptor shall:

1. Provide direct instruction, planning and evaluation;

2. Be routinely present with the trainee in the training facility; and

3. Continually evaluate the development and experience of the trainee to determine specific areas needed for concentration.

D. A preceptor may supervise no more than two trainees at any one time.

18VAC95-30-200. Interruption or termination of program.

A. If the program is interrupted because the registered preceptor is unable to serve, the trainee shall notify the board within ~~five~~ ten working days and shall obtain a new preceptor who is registered with the board within 60 days.

1. Credit for training shall resume when a new preceptor is obtained and approved by the board.

2. If an alternate training plan is developed, it shall be submitted to the board for approval before the trainee resumes training.

B. If the training program is terminated prior to completion, the trainee and the preceptor shall each submit a written explanation of the causes of program termination to the board within five working days. The preceptor shall also submit all required monthly progress reports completed prior to termination.

UNAPPROVED MINUTES

VIRGINIA BOARD OF LONG TERM CARE ADMINISTRATORS
PUBLIC HEARING

The Virginia Board of Long Term Care Administrators convened for a Public Hearing on Tuesday, December 10, 2013 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Suite 201, Hearing Room #1, Henrico, Virginia.

Board Members Present:
John Randolph Scott, ALFA, NHA, Chair

DHP Staff Present:
Lisa R. Hahn, Executive Director
Lynne Helmick, Deputy Executive Director
Elaine Yeatts, Senior Policy Analyst
Missy Currier, Board Operations Manager

Guests Present:
None

CALLED TO ORDER

Mr. Scott, Chair called the public hearing to order at 9:30 a.m.

Mr. Scott stated that this was a public hearing to receive comments on proposed amendments to regulations for an increase in fees charged to applicants and licensees. Copies of the proposed regulations were provided for the public.

PUBLIC COMMENT PERIOD

No public comment was received.

CLOSING STATMENTS

Mr. Scott closed the meeting by stating that written comments on the proposed action should be directed to Lisa R. Hahn, Executive Director, Board of Long Term Care Administrators, Perimeter Center, 9960 Mayland Drive, Suite 300, Henrico, VA 23233-1463 or by e-mail to lisa.hahn@dhp.virginia.gov. Electronic comment may be posted on the Virginia Regulatory Town Hall at www.townhall.virginia.gov or sent by e-mail. All comments will be considered before the Board adopts final regulations. The comment period will close on **January 17, 2014.**

ADJOURNMENT
The public hearing adjourned at 9:35 a.m.

John Randolph Scott, ALFA, NHA, Chair	Lisa R. Hahn, Executive Director
Date	Date

Tab 2

Open Case Report

As of February 10, 2014:

15 cases in Investigations
10 in Probable Cause
0 in APD
4 at Informal Stage
0 at Formal Stage

29 Total Open Cases

20 LTC cases being monitored for compliance

Long Term Care Administrators – 2/10/14

License Count Report

NHA Administrator in Training	*71*
ALF Administrator in Training	*84*
"Acting" ALF Administrator in Training	*3*
Nursing Home Administrator	*883*
Assisted Living Facility Administrator	*639*
Nursing Home Preceptor	*248*
Assisted Living Facility Preceptor	*192*
Total	***2,120***

Virginia Department of Health Professions

Patient Care Disciplinary Case Processing Times: Quarterly Performance Measurement, Q2 2010 - Q2 2014

Dianne Reynolds-Cane, M.D.
Director

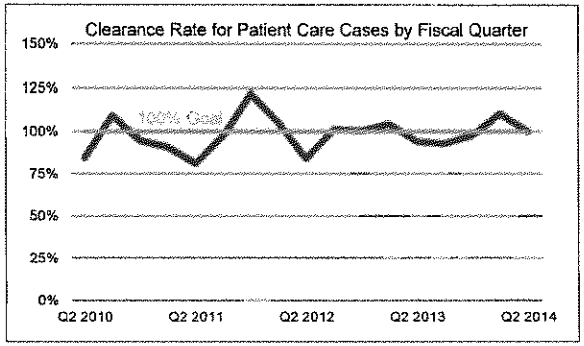
"To ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public."
DHP Mission Statement

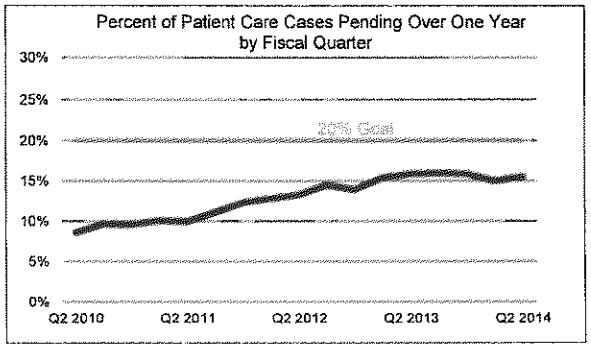
In order to uphold its mission relating to discipline, DHP continually assesses and reports on performance. Extensive trend information is provided on the DHP website, in biennial reports, and, most recently, on Virginia Performs through Key Performance Measures (KPMs). KPMs offer a concise, balanced, and data-based way to measure disciplinary case processing. These three measures, taken together, enable staff to identify and focus on areas of greatest importance in managing the disciplinary caseload; Clearance Rate, Age of Pending Caseload and Time to Disposition uphold the objectives of the DHP mission statement. The following pages show the KPMs by board, listed in order by caseload volume; volume is defined as the number of cases received during the previous 4 quarters. In addition, readers should be aware that vertical scales on the line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

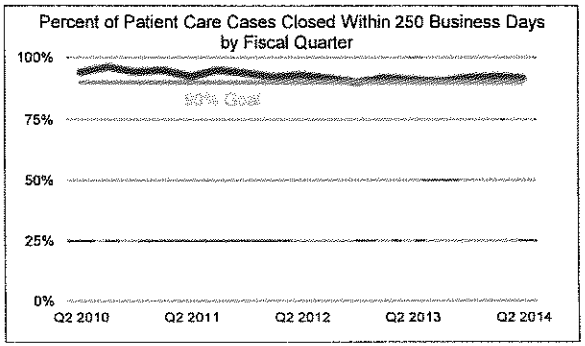
Clearance Rate - the number of closed cases as a percentage of the number of received cases. A 100% clearance rate means that the agency is closing the same number of cases as it receives each quarter. DHP's goal is to maintain a 100% clearance rate of allegations of misconduct through the end of FY 2016. The current quarter's clearance rate is 100%, with 863 patient care cases received and 863 closed.

Age of Pending Caseload - the percent of open patient care cases over 250 business days old. This measure tracks the backlog of patient care cases older than 250 business days to aid management in providing specific closure targets. The goal is to maintain the percentage of open patient care cases older than 250 business days at no more than 20% through the end of FY 2016. That goal continues to be achieved with the percent of cases pending over 250 business days maintaining an average of 16% for the past 4 quarters. For the last quarter shown, there were 2,062 patient care cases pending, with 320 pending over 250 business days.

Time to Disposition - the percent of patient care cases closed within 250 business days for cases received within the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal is to resolve 90% of patient care cases within 250 business days through the end of FY 2016. That goal continues to be acheived with 92% percent of patient care cases being resolved within 250 business days this past quarter. During the last quarter, there were 855 patient care cases closed, with 785 closed within 250 business days.







Submitted: 1/5/2014

Prepared by: VisualResearch, Inc.

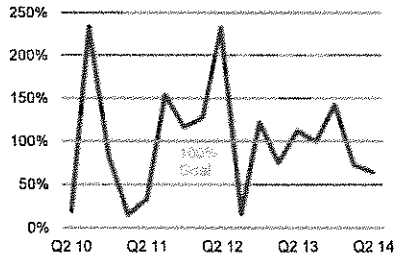
Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

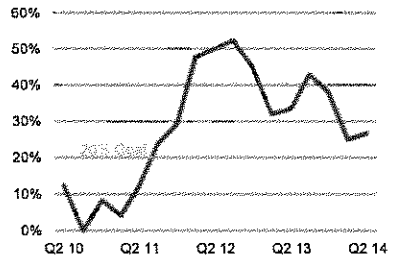
Clearance Rate

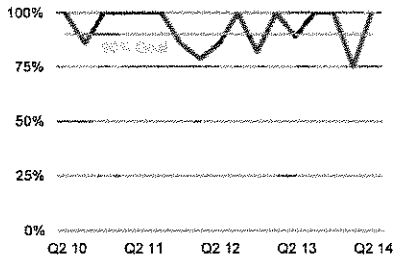
Age of Pending Caseload
(percent of cases pending over one year)

Percent Closed in 250 Business Days

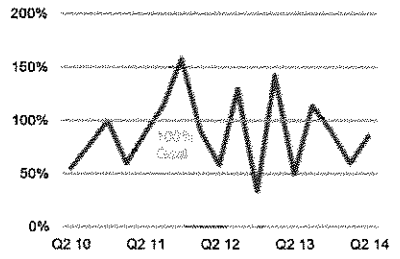
Psychology - In Q2 2014, the clearance rate was 64%, the Pending Caseload older than 250 business days was 27% and the percent closed within 250 business days was 100%.
Q2 2014 Caseloads:
Received=14, Closed=9
Pending over 250 days=8
Closed within 250 days=9

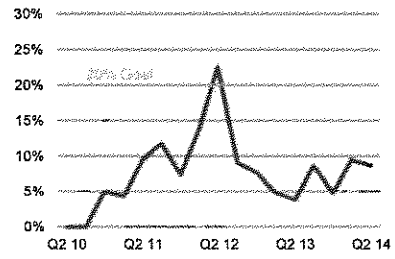


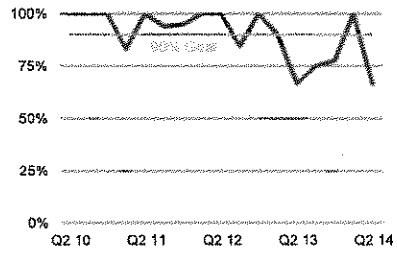




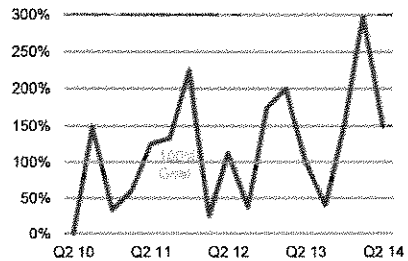
Long-Term Care Administrators - In Q2 2014, the clearance rate was 86%, the Pending Caseload older than 250 business days was 9% and the percent closed within 250 business days was 67%.
Q2 2014 Caseloads:
Received=7, Closed=6
Pending over 250 days=2
Closed within 250 days=4

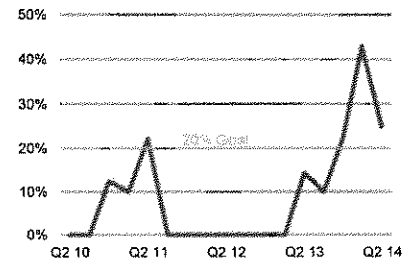


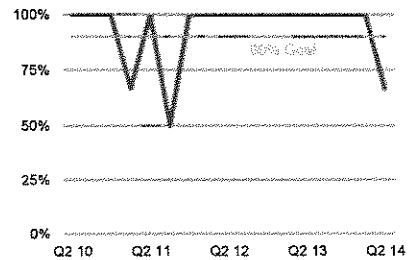




Optometry - In Q2 2014, the clearance rate was 150%, the Pending Caseload older than 250 business days was 25% and the percent closed within 250 business days was 67%.
Q2 2014 Caseloads:
Received=2, Closed=3
Pending over 250 days=2
Closed within 250 days=2







Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

Submitted: 1/5/2014

Prepared by: VisualResearch, Inc.

FISCAL YEAR 2013, QUARTER ENDING 6/30/13

*APPLICANT SATISFACTION SURVEY RESULTS: APPROVAL RATE**

Board	Quarter Ending 6/30/13 Percent Approval	Quarter Ending 6/30/12 Percent Approval	Percent Change	Fiscal Year 2013 Percent Approval	Fiscal Year 2012 Percent Approval	Percent Change	Biennial 7/1/012 - 6/30/13 Percent Approval	Prior Biennial 7/1/10 - 6/30/11 Percent Approval	Percent Change
Audiology/Speech Pathology	100.0%	86.7%	15.3%	98.7%	90.5%	9.1%	98.7%	91.8%	7.5%
Counseling	76.3%	74.5%	2.4%	72.5%	74.3%	-2.4%	72.5%	75.7%	-4.2%
Dentistry	94.7%	93.7%	1.1%	94.8%	92.9%	2.0%	94.8%	95.7%	-0.9%
Funeral Directing	100.0%	100.0%	0.0%	100.0%	100.0%	0.0%	100.0%	95.2%	5.0%
Long Term Care Administrator	n/a	81.0%	-100.0%	n/a	96.3%	-100.0%	n/a	94.4%	-100.0%
Medicine	87.5%	95.4%	-8.3%	90.3%	96.5%	-6.4%	90.3%	94.1%	-4.0%
Nurse Aide	99.1%	97.5%	1.6%	97.8%	97.9%	-0.1%	97.8%	97.5%	0.3%
Nursing	96.5%	94.7%	1.9%	95.2%	96.3%	-1.1%	95.2%	94.8%	0.4%
Optometry	100.0%	100.0%	0.0%	92.9%	100.0%	-7.1%	92.9%	100.0%	-7.1%
Pharmacy	97.3%	98.1%	-0.8%	97.9%	96.8%	1.1%	97.9%	97.7%	0.2%
Physical Therapy	98.6%	98.2%	n/a	96.8%	97.6%	-0.8%	96.8%	95.3%	1.6%
Psychology	99.1%	90.2%	9.9%	91.3%	84.6%	7.9%	91.3%	88.1%	3.6%
Social Work	94.9%	86.9%	9.2%	88.2%	85.5%	3.2%	88.2%	90.6%	-2.6%
Veterinary Medicine	93.3%	98.7%	-5.5%	95.8%	97.6%	-1.8%	95.8%	97.7%	-1.9%
Agency Total	***93.5%***	***94.5%***	-1.1%	***93.6%***	***95.3%***	-1.8%	***93.6%***	***94.6%***	-1.1%

*Applicant Satisfaction Surveys are sent to all initial applicants. The survey includes six categories for which applicants rate their satisfaction on a scale from one to four, one and two being degrees of satisfaction, three and four being degrees of dissatisfaction. This report calculates the percentage of total responses falling into the approval range.

Tab 3

Agenda Item: **Regulatory Actions - Chart of Regulatory Actions**

Staff Note: Attached is a chart with the status of regulations for the Board as of February 24, 2014

Board **Board of Long-Term Care Administrators**

Chapter		Action / Stage Information
[18 VAC 95 - 20]	Regulations Governing the Practice of Nursing Home Administrators	Fee increase [Action 3254] Proposed - *Register Date: 11/18/13* Comment period closed: 1/16/14 Board to adopt final regulations: 3/4/14
[18 VAC 95 - 30]	Regulations Governing the Practice of Assisted Living Facility Administrators	Regulatory reform changes [Action 4097] Fast-Track - *At Secretary's Office for 87 days*
[18 VAC 95 - 30]	Regulations Governing the Practice of Assisted Living Facility Administrators	Oversight of acting administrators in an AIT program [Action 3514] Final - *At Secretary's Office for 146 days*

Agenda Item: Adoption of Final Regulations

Fee increase for applicants and licensees.

Staff Note: There were no comments on the proposed regulations

Action:

Adoption of final regulations which are identical to proposed regulations which were approved and posted for public comment

Adoption of final regulations

Fee increase

Nursing Home Administrators

18VAC95-20-80. Required fees.

The applicant or licensee shall submit all fees below which apply:

1. A.I.T. program application	~~$185~~ $215
2. Preceptor application	~~$50~~ $65
3. Licensure application	~~$200~~ $315
4. Verification of licensure requests from other states	~~$25~~ $35
5. Nursing home administrator license renewal	~~$225~~ $315
6. Preceptor renewal	~~$50~~ $65
7. Penalty for nursing home administrator late renewal	~~$65~~ $110
8. Penalty for preceptor late renewal	~~$20~~ $25
9. Nursing home administrator reinstatement	~~$315~~ $435
10. Preceptor reinstatement	~~$95~~ $105
11. Duplicate license	~~$15~~ $25
12. Duplicate wall certificates	~~$25~~ $40
13. Reinstatement after disciplinary action	$1,000

Assisted Living Administrators

18VAC95-30-40. Required fees.

A. The applicant or licensee shall submit all fees below that apply:

1. ALF AIT program application	~~$185~~ $215
2. Preceptor application	~~$50~~ $65
3. Licensure application	~~$200~~ $315
4. Verification of licensure requests from other states	~~$25~~ $35
5. Assisted living facility administrator license renewal	~~$225~~ $315
6. Preceptor renewal	~~$50~~ $65
7. Penalty for assisted living facility administrator late renewal	~~$65~~ $110
8. Penalty for preceptor late renewal	~~$20~~ $25

9. Assisted living facility administrator reinstatement	~~$315~~ $435
10. Preceptor reinstatement	~~$95~~ $105
11. Duplicate license	~~$15~~ $25
12. Duplicate wall certificates	~~$25~~ $40
13. Returned check	$35
14. Reinstatement after disciplinary action	$1,000

B. Fees shall not be refunded once submitted.

C. Examination fees are to be paid directly to the service contracted by the board to administer the examination.

Tab 4

NAB Launches Professional Practice Analysis to Align Leadership Core Competencies Across Expanding Continuum of Care, Respond to Stakeholder Needs

Long term care supports and services and the stakeholders involved in that ecosystem are at a turning point. By 2030, approximately 72.1 million persons 65 and older will live in the U.S., more than twice the number in 2000. As Americans live longer and in greater numbers, consumers are looking for more options and more reliable information about the variety of long term care supports and services. Although seniors represent the majority of the population served, it is important to recognize in the discussion that these services are not exclusive to senior populations and include all individuals receiving long term care services.

In response to this trend, providers of long term care supports and services are working to create more living and lifecare choices along an expanding continuum of care. Also fueling the development of new options and services: legislative changes at the federal level that call for state Medicaid programs to fund home and community-based services, an emerging area within an expanding continuum of care. And the new healthcare law, The Patient Protection and Affordable Care Act, requires lines of services to coordinate care and offers provider incentives to keep consumers out of hospitals, prompting a potential increase in the use of home care or adult day care settings.

Add to this rapidly changing environment the 51 different practice standards established by each of the 50 states and the District of Columbia, which discourage long term care administrators from relocating to another job in a different state.

Finally, colleges and universities that educate long term care professionals seek uniform, quality degree programs, which have been difficult to develop because of the inconsistency of state and federal licensing requirements. Meaningful curricula to respond to and anticipate this broader scope of home and community based long term care services options are required.

As these factors converge, they present two primary opportunities that will benefit all stakeholders: 1) aligning professional development of long term care administrators to position the profession and its future leaders to adapt to further growth and 2) developing a better career advancement path which will recruit and retain a high caliber of dedicated talent in the long term care field. The National Association of Boards of Long Term Care Administrators (NAB), the recognized authority for leadership core competencies in long term care, is conducting a Professional Practice Analysis (PPA) study to capitalize on these opportunities to ensure the ongoing recruitment and retention of high performing long term care administrators. Study results will be presented at NAB's June 2014 Board of Governors meeting.

NAB: A History of Leadership

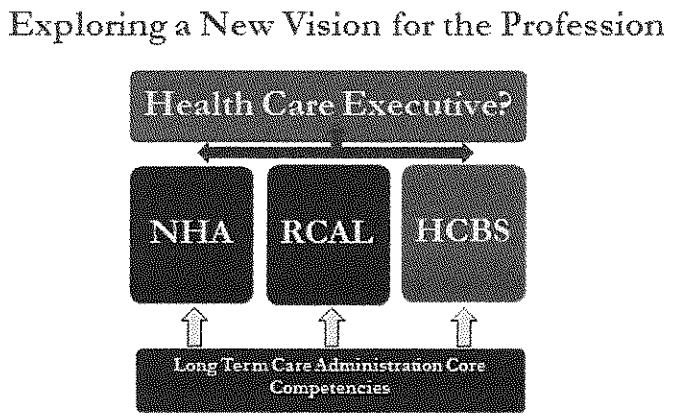
When the federal government mandated the licensure of nursing home administrators more than 40 years ago, there was no accompanying national mandate for establishing practice standards for education, training and continuing education. As a result, each of the 50 states and the District of Columbia has a different practice standard, which complicates an already complex system and makes it difficult to attract and prepare leaders in long term care administration. NAB established and periodically updates core competencies for nursing home administrators and a national examination program, which each of the 50 states and the District of Columbia adopted. More than 20 years later, NAB again assumed a leadership role when it introduced core competencies for assisted living administrators, established an accreditation program for degree programs in long term care administration and created standards and an approval process for continuing education programs.

Fast forward to the needs of today's consumers, providers, educators and NAB members, and it becomes clear why NAB is leading the effort to conduct a PPA to create new and updated credentials for executives responsible for multiple lines of service within the long term care continuum. Additionally, NAB seeks to standardize the long-term

care administrator license, enabling administrators to work in any state with recognition and acceptance of a high level credential meeting state-specific licensure requirements.

Today, at this pivotal point in the evolution of long term care, NAB is exploring a new vision for the competencies required of executives in the field. Based on recommendations developed in partnership with sponsors and participants of the National Emerging Leadership Summit, NAB's PPA will articulate both broad and specific knowledge related to home and community-based services, assisted living, hospice, home care, adult day care, independent living and skilled nursing care. The PPA will analyze the knowledge tasks and skills an administrator must possess both to enter the profession and to demonstrate competency to advance throughout his career. Outcome data will be the basis for new curricula in college and university degree programs, training programs, competency measures and continuing competencies.

In addition, to streamline credentialing and recognize students who achieve a high level of education and training, NAB seeks to develop a nationally recognized and voluntary "super credential" to recognize administrators and provide the mobility for long term care professionals to work in different states. Taking the process one step further, NAB will work with member state boards and agencies to accept this "super credential" as meeting state licensing and/or certification requirements.



Professional Practice Analysis

Clearly, one of the key components of this evolving long term care ecosystem is the class of professionals tasked with managing these multiple lines of services (including nursing home, assisted living, home and community-based services). What skills and education will these administrators require? What is the best way to train, recruit and develop a career path for a new generation of managers and executives in the long term care field? And what lessons can be learned from the earlier development of long term care models?

The PPA will identify the domains of practice, tasks performed, and knowledge and skills required of individuals responsible for leadership in organizations that provide long term care supports and services. It will validate the job descriptions of current administrators (and the emerging role of the home and community-based services administrator) and explore the expanding role of the health care executive. Finally, outcomes will provide a foundation for the development of leadership models to share with similar organizations and partners in the international arena.

A practice analysis is a structured description of a profession's practice. This best practices approach is an initial step in a broader process of identifying the need for and form(s) of a particular credential. The results lead to a description of practice that serves as a basis for exam content consistent with practical applications. A steering committee and task force comprised of health care executives from across the long term care line of services will oversee the NAB's two-phase, 16-month study.
Phase One involves subject matter experts (SMEs) who will develop and revise the practice description across multiple lines of service. These SMEs will be a representative group of practitioners, employers/supervisors, educators, regulators and members of professional associations. Focus groups and independent reviews of the practice descriptions round out Phase One activities.

In Phase Two, both a pilot survey and large-scale survey of practitioners will validate the practice description. Throughout the process, extensive quantitative and qualitative analyses will be conducted along with outlining examination specifications for current and potential credentials. Profiles of practice, examination specifications and test content will be identified, and these facets will benefit a wide range of stakeholder groups (associations, academics, regulators, foundations, as well as thought leaders and select international constituencies).

Professional Practice Analysis Goals & Stakeholder Benefits

Since its founding, NAB has helped guide and lead the profession of long term care administration. The PPA will create a basis for competency-based credentials that will keep pace with the dynamic long term care environment. Addressing the needs of existing programs like the Nursing Home Administrator (NHA) exam and the Residential Care/Assisted Living (RC/AL) exam, the PPA will provide a framework for new credentials that focus on the particular needs and/or issues that help drive the success (and the key areas of interest) of the primary stakeholder groups involved:

Group	*Area(s) of Interest*
Practitioners:	Career progression, professional image, jurisdictional mobility
Regulators:	Efficient credentialing model for professions of today (and tomorrow); enhanced public protection
Employers:	Identifying, developing and retaining executive leadership
Educators:	Articulating a basis for practice standards against which curriculum will be evaluated and proved
NAB:	Catalyzing change and charting a path to enhance the image of the long term care profession on the national and international stage

Conclusion

To be successful and serve the needs of all stakeholders, this evolving long term care ecosystem demands the right educational curricula, training and credentialing programs to recruit, retain and develop high-caliber career professionals in the long term care field. The PPA is the most recent example of how NAB continues to anticipate and respond to stakeholder needs and more specifically, contributes to consumer confidence regarding the consistency and quality of long term care services.

DRAFT FOR REVIEW/NAB PPA Executive Summary: 12.27.13 (NAB Letterhead)

NAB's Professional Practice Analysis (PPA) aligns leadership core competencies across the continuum of care to respond to NAB's various stakeholders. Due to demographic and legislative changes, the demand for long term care (LTC) will grow, and LTC administrators from all lines of service (nursing homes, assisted living facilities, home care, etc.) must be trained in alignment with new service models.

The PPA is the most recent example of the NAB's responsiveness to stakeholder needs, contributing to consumer confidence about the consistency and quality of long term care services.

Based on recommendations developed with sponsors and participants of the National Emerging Leadership Summit, NAB's PPA will articulate both broad and specific knowledge related to home and community-based services, assisted living, hospice, home care, adult day care, independent living and skilled nursing care. The PPA will analyze the knowledge and skills an administrator must have to enter the profession and to demonstrate competency for advancement.

NAB seeks to develop a nationally recognized and voluntary "super credential" (which meets state licensing and/or certification requirements) to certify administrators and allow them and other professionals to work in different states without a state-specific credential.

Professional Practice Analysis Will Benefit All NAB Stakeholders

The PPA will identify the domains of practice, tasks performed, and knowledge and skills required of individuals responsible for leadership in organizations providing long term care supports and services. It will validate the job descriptions of current administrators (and the emerging role of the home and community-based services administrator) and explore the health care executive's expanding role. Finally, outcomes will provide a basis to develop leadership models for the U.S. and international organizations.

A steering committee and a health care executive task force will oversee the Study. Phase One involves subject matter experts who will develop and revise the practice description across multiple lines of service and conduct focus group testing; a pilot survey and large-scale survey of practitioners will validate the practice description in Phase 2.

Stakeholders – practitioners, regulators, employers, educators, NAB and consumers -- will benefit from the PPA's findings (and outcomes) and the NAB's expert insights.

Tab 5

SANCTIONING REFERENCE POINTS

INSTRUCTION MANUAL

Board of Long-Term Care Administrators

Prepared for
Virginia Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Richmond, Virginia 23233
(t) 804.367.4400

Prepared by
VisualResearch, Inc.
Post Office Box 1025
Midlothian, Virginia 23113
(t) 804.794.3144
www.vis-res.com

Adopted March 8, 2010
Guidance Document #(95-3)

COMMONWEALTH of VIRGINIA

Sandra Whitley Ryals
Director

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March 2010

Dear Interested Parties:

In the spring of 2001, the Virginia Department of Health Professions approved a workplan to study sanctioning in disciplinary cases for Virginia's 13 health regulatory boards. The purpose of the study was to "*...provide an empirical, systematic analysis of board sanctions for offenses and, based on this analysis, to derive reference points for board members...*" The purposes and goals of this study are consistent with state statutes which specify that the Board of Health Professions periodically review the investigatory and disciplinary processes to ensure the protection of the public and the fair and equitable treatment of health professionals.

Each health regulatory board hears different types of cases, and as a result, considers different factors when determining an appropriate sanction. After interviewing selected Board members and staff, a research agenda was developed involving one of the most exhaustive statistical studies of sanctioned Long-Term Care Administrators in the United States. The analysis included collecting approximately 50 factors on all Board of Long-Term Care Administrators sanctioned cases in Virginia over a 10-year period. These factors measured case seriousness, respondent characteristics, and prior disciplinary history. After identifying the factors that were consistently associated with sanctioning, it was decided that the results provided a solid foundation for the creation of sanction reference points. Using both the data and collective input from the Board of Long-Term Care Administrators and staff, analysts spent several months developing a usable sanction worksheet as a way to implement the reference system.

One of the most important features of this system is its voluntary nature; that is, the Board is encouraged to depart from the reference point recommendation when aggravating or mitigating circumstances exist. The Sanctioning Reference Points system attempts to model the *typical* Board of Long-Term Care Administrators case. Some respondents will be handed down sanctions either above or below the SRP recommended sanction. This flexibility accommodates cases that are particularly egregious or less serious in nature.

Equally important to recommending a sanction, the system allows each respondent to be evaluated against a common set of factors—making sanctioning more predictable, providing an educational tool for new Board members, and neutralizing the possible influence of "inappropriate" factors (e.g., race, sex, attorney presence, identity of Board members). As a result, the following reference instrument should greatly benefit Board members, health professionals and the general public.

Sincerely yours,

Sandra Whitley Ryals
Director

Cordially,

Elizabeth A. Carter, Ph.D.
Executive Director
Virginia Board of Health Professions

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General Instructions

Sanctioning Reference Points Forms

General Instructions

Overview

The Virginia Board of Health Professions has spent the last 7 years studying sanctioning in disciplinary cases. The study is examining all 13 health regulatory boards, with the greatest focus most recently on the Board of Long-Term Care Administrators. The Board of Long-Term Care Administrators is now in a position to implement the results of the research by using a set of voluntary *Sanctioning Reference Points*. This manual contains some background on the project, the goals and purposes of the system, and the offense-based sanction worksheet that will be used to help Board members determine how a similarly situated respondent has been treated in the past. This sanctioning system is based on a specific sample of cases, and thus only applies to those persons sanctioned by the Virginia Board of Long-Term Care Administrators. Moreover, the worksheet has not been tested or validated on any other groups of persons. Therefore, they should not be used at this point to sanction respondents coming before other health regulatory boards, other states, or other disciplinary bodies.

The Sanctioning Reference system is comprised of a single worksheet which scores case type, offense and respondent factors identified using statistical analysis. These factors have been isolated and tested in order to determine their influence on sanctioning outcomes. Sanctioning thresholds found on the worksheet recommend a range of sanctions from which the Board may select in a particular case.

In addition to this instruction booklet, separate coversheets and worksheets are available to record Board specific information, the recommended sanction, the actual sanction and any reasons for departure (if applicable). The completed coversheets and worksheets will be evaluated as part of an on-going effort to monitor and refine the SRPs. These instructions and the use of the SRP system fall within current Department of Health Professions and Board of Long-Term Care Administrators policies and procedures. Furthermore, all sanctioning recommendations are those currently available to and used by the Board and are specified within existing Virginia statutes.

Background

In April of 2001, the Virginia Board of Health Professions (BHP) approved a work plan to conduct an analysis of health regulatory board sanctioning and to consider the appropriateness of developing historically-based SRPs for health regulatory boards, including the Board of Long-Term Care Administrators. The Board of Health Professions and project staff recognize the complexity and difficulty in sanction decision-making and have indicated that for any sanction reference system to be successful, it must be "***developed with complete Board oversight, be value-neutral, be grounded in sound data analysis,*** and be ***totally voluntary***"—that is, the system is viewed strictly as a Board decision tool.

Goals

The Board of Health Professions and the Board of Long-Term Care Administrators cite the following purposes and goals for establishing Sanctioning Reference Points:

- Making sanctioning decisions more predictable
- Providing an education tool for new Board members
- Adding an empirical element to a process/system that is inherently subjective
- Providing a resource for the Board and those involved in proceedings
- "Neutralizing" sanctioning inconsistencies
- Validating Board member or staff recall of past cases
- Constraining the influence of undesirable factors—e.g., Board member ID, overall Board makeup, race or ethnic origin, etc.
- Helping predict future caseloads and need for probation services and terms

Methodology

The fundamental question when developing a sanctioning reference system is deciding whether the supporting analysis should be grounded in historical data (a *descriptive approach*) or whether it should be developed normatively (a *prescriptive approach*). A normative approach reflects what policymakers feel sanction recommendations *should be*, as opposed to what they *have been*. SRPs can also be developed using historical data analysis with normative adjustments to follow.

This approach combines information from past practice with policy adjustments, in order to achieve some desired outcome. The Board of Long-Term Care Administrators chose a descriptive approach with normative adjustments.

Qualitative Analysis

Researchers conducted in-depth personal interviews with Board members and staff, as well as representatives from the Attorney General's office. The interview results were used to build consensus regarding the purpose and utility of SRPs and to further frame the analysis. Additionally, interviews helped ensure the factors considered when sanctioning were included during the quantitative phase of the study. A literature review of sanctioning practice across the United States was also conducted.

Quantitative Analysis

Researchers analyzed detailed information on Long-Term Care Administrators' disciplinary cases ending in a violation between 1999 and 2009; approximately 45 sanctioning "events." Over 50 different factors were collected on each case in order to describe the case attributes Board members identified as potentially impacting sanction decisions. Researchers used data available through the DHP case management system combined with primary data collected from hard copy files. The hard copy files contained investigative reports, Board notices, Board orders, and all other documentation that is made available to Board members when deciding a case sanction.

A comprehensive database was created to analyze the offense and respondent factors which were identified as potentially influencing sanctioning decisions. Using statistical analysis to construct a "historical portrait" of past sanctioning decisions, the significant factors along with their relative weights were derived. These factors and weights were formulated into a sanctioning worksheet with three thresholds, which are the basis of the SRPs.

Offense factors such as financial gain and case severity (priority level) were analyzed as well as prior history factors such as substance abuse,

and previous Board orders. Some factors were deemed inappropriate for use in a structured sanctioning reference system. For example, respondent gender was considered an "extra-legal" factor, and was explicitly excluded from the SRPs. Although many factors, both "legal" and "extra-legal" can help explain sanction variation, only those "legal" factors the Board felt should consistently play a role in a sanction decision were included in the final product. By using this method, the hope is to achieve more neutrality in sanctioning, by making sure the Board considers the same set of "legal" factors in every case.

Wide Sanctioning Ranges

The SRPs consider and weigh the circumstances of an offense and the relevant characteristics of the respondent, providing the Board with a sanction range that encompasses roughly 74% of historical practice. This means that 26% of past cases had received sanctions either higher or lower than what the reference points indicate, acknowledging that aggravating and mitigating factors play a role in sanctioning. The wide sanctioning ranges recognize that the Board will sometimes reasonably disagree on a particular sanction outcome, but that a broad selection of sanctions falls within the recommended range.

Any sanction recommendation the Board derives from the SRP worksheets must fall within Virginia law and regulations. If a Sanctioning Reference Point worksheet recommendation is more or less severe than a Virginia statute or DHP regulation, the existing laws or policies supercede any worksheet recommendation.

The Sanctioning Factors

The Board indicated early in the study that sanctioning is influenced by a variety of circumstances. The empirical analysis supported the notion that not only do case types affect sanctioning outcomes, but certain offense, respondent and prior record factors do as well. To this end, the Long-Term Care Administrators SRP system scores two groups of factors in order to arrive at a sanctioning recommendation. The first set of factors relates to the case type. The second group relates to elements of the offense, the respondent, and his or her prior record.

Therefore, a respondent before the Board for a fraud case will receive points for the type of case and can potentially receive points for act of commission, multiple patient involvement, and/or for having a history of disciplinary violations.

Three Sanctioning Thresholds

The SRP worksheet uses three thresholds for recommending a sanction. Once all factors are scored, the corresponding points are then added for a total worksheet score. The total is used to locate the sanctioning threshold recommendation found at the bottom of the worksheet. For instance, a respondent having a total worksheet score of 40 would be recommended for a Reprimand/Monetary Penalty.

Voluntary Nature

The SRP system is a tool to be utilized by the Board of Long-Term Care Administrators. Compliance with the SRPs is voluntary. The Board will use the system as a reference tool and may choose to sanction outside the recommendation. The Board maintains complete discretion in determining the sanction handed down. However, a structured sanctioning system is of little value if the Board is not provided with the appropriate coversheet and worksheet in every case eligible for scoring. A coversheet and worksheet should be completed in cases resolved by Informal Conferences, Consent Orders, or Pre-Hearing Consent Orders. The SRPs can also be referenced and used by agency subordinates where the Board deems appropriate. The coversheet and worksheet will be referenced by Board members during Closed Session.

Worksheets Not Used in Certain Cases

The SRPs will not be applied in any of the following circumstances:

- Formal Hearings — SRPs will not be used in cases that reach a Formal Hearing level.
- Mandatory suspensions – Virginia law requires that under certain circumstances (conviction of a felony, declaration of legal incompetence or incapacitation, license revocation in another jurisdiction) the licensee must be suspended. The sanction is defined by law and is therefore excluded from the SRPs system.
- Compliance/reinstatements – The SRPs should be applied to new cases only.
- Action by another Board – When a case which has already been adjudicated by a Board from another state appears before the Virginia Board of Long-Term Care Administrators, the Board often attempts to mirror the sanction handed down by the other Board. The Virginia Board of Long-Term Care Administrators usually requires that all conditions set by the other Board are completed or complied with in Virginia. The SRPs do not apply as the case has already been heard and adjudicated by another Board.
- Confidential Consent Agreements (CCA) - SRPs will not be used in cases settled by CCA.

Case Selection When Multiple Cases Exist

When multiple cases have been combined into one "event" (one order) for disposition by the Board, only one coversheet and worksheet should be completed and it should encompass the entire event. If a case (or set of cases) has more than one case type only one is selected for scoring according to the case type that appears highest on the following table and receives the highest point value. For example, a respondent found in violation for an inspection deficiency and misappropriation of property would receive thirty points, since Fraud is above Business Practice Issues on the list and receives the most points. If an offense type is not listed, find the most analogous offense type and use the appropriate score.

Sanctioning Reference Points Case Type Table

Case Type	Included Case Categories	Applicable Points
Inability to Safely Practice	• Impairment due to use of alcohol, illegal substances, or prescription drugs • Incapacitation due to mental, physical or medical conditions • Practicing a profession or occupation without holding a valid license as required by statute or regulation to include: practicing on a revoked, suspended, lapsed, non-existent or expired license, as well as aiding and abetting the practice of unlicensed activity	**40**
Fraud	• Misappropriation of property	**30**
Business Practice Issues	• Records, inspections, audits • Required report not filed	**20**
Continuing Education	• Failure to obtain or document continuing education requirements	**10**

Completing the Coversheet & Worksheet

Ultimately, it is the responsibility of the Board to complete the SRP coversheet and worksheet in all applicable cases.

The information relied upon to complete a coversheet and worksheet is derived from the case packet provided to the Board and respondent. It is also possible that information discovered at the time of the informal conference may impact worksheet scoring. The SRP coversheet and worksheet, once completed, are confidential under the Code of Virginia. However, copies of the SRP Manual, including blank coversheets and worksheets, can be found on the Department of Health Professions web site: www.dhp.virginia.gov (paper copy also available on request).

Scoring Factor Instructions

To ensure accurate scoring, instructions are provided for scoring each factor on the SRP worksheet. When scoring a worksheet, the numeric values assigned to a factor on the worksheet ***cannot be adjusted.*** The scoring weights can only be applied as 'yes or no'- with all or none of the points applied. In instances where a scoring factor is difficult to interpret, the Board has final say in how a case is scored.

Coversheet

The coversheet is completed to ensure a uniform record of each case and to facilitate recordation of other pertinent information critical for system monitoring and evaluation.

If the Board feels the sanctioning threshold does not recommend an appropriate sanction, the Board is encouraged to depart either high or low when handing down a sanction. If the Board disagrees with the sanction recommendation and imposes a sanction greater or less than the recommended sanction, a short explanation should be recorded on the coversheet to explain the factors or reasons for departure. This process will ensure worksheets are revised appropriately to reflect current Board practice. If a particular reason is continually cited, the Board can examine the issue more closely to determine if the worksheets should be modified to better reflect Board practice.

Aggravating and mitigating circumstances that may influence Board decisions can include, but should not be limited to, such things as:

- Prior record
- Dishonesty/Obstruction
- Motivation
- Remorse
- Restitution/Self-corrective action
- Multiple offenses/Isolated incident

A space is provided on the coversheet to record the reason(s) for departure. Due to the uniqueness of each case, the reason(s) for departure may be wide-ranging. Sample scenarios are provided below:

Departure Example #1
Sanction Threshold Recommendation: Recommend Formal or Accept Surrender
Imposed Sanction: Probation

Reason(s) for Departure: Respondent was particularly remorseful and had already begun corrective action.

Departure Example #2
Sanction Threshold Recommendation: Reprimand/ Monetary Penalty
Imposed Sanction: Probation, Terms – Administrator in training with preceptor

Reason(s) for Departure: Respondent displayed a lack of knowledge that could be corrected with further training.

Determining a Specific Sanction

The bottom of the SRP worksheet lists three sanction thresholds that encompass a variety of specific sanction types. The table below lists the sanctions most often used by the Board that fall under each threshold. After considering the sanction recommendation, the Board should fashion a more detailed sanction(s) based on the individual case circumstances.

Sanctioning Reference Points Threshold Table

Worksheet Score	Available Sanctions
0-50	Reprimand Monetary Penalty Stayed Monetary Penalty
51-90	Corrective Action Stayed Suspension Probation Terms: Continuing Education (CE) HPMP Submit all surveys Board approved management consultant May only be an assistant administrator Administrator in training with preceptor Submit verification of employment
91 or more	Suspension Revocation Accept Surrender Recommend Formal

Long-Term Care Administrators - SRP Coversheet

- Complete *Case Type* section.
- Complete the *Offense and Respondent Factors* section
- Determine the *Sanctioning Recommendation* using the scoring results and the *Sanction Thresholds.*
- Complete this coversheet.

Case Number(s) ☐☐☐☐☐☐ ☐☐☐☐☐☐ ☐☐☐☐☐☐

Respondent Name _____
Last First

License Number _____

Case Category
- ☐ Inability to Safely Practice
- ☐ Fraud
- ☐ Business Practice Issues
- ☐ Continuing Education

Sanction Threshold Result
- ☐ 0-50
- ☐ 51-90
- ☐ 91 or more

Imposed Sanction
- ☐ Reprimand
- ☐ Monetary Penalty - enter amount $_____
- ☐ Stayed Monetary Penalty - enter amount $_____
- ☐ Probation _____ months
- ☐ CE _____ hours
- ☐ HPMP
- ☐ Stayed Suspension
- ☐ Suspension
- ☐ Revocation
- ☐ Accept Surrender
- ☐ Recommend Formal
- ☐ Other sanction _____
- ☐ Terms _____

Reasons for Departure from Sanction Threshold Result _____

Worksheet Preparer(name) _____ Date completed: _____

Confidential pursuant to § 54.1-2400.2 of the Code of Virginia.

Long-Term Care Administrators - SRP Worksheet Instructions

Step 1: Case Type *(score only one)*

Select the case type from the list and score accordingly.

When multiple cases have been combined into one "event" (one order) for disposition by the Board, only one case type can be selected. If a case (or set of cases) has more than one offense type, one case type is selected for scoring according to the offense group that receives the highest point value.

Inability to Safely Practice – 40 Points

- Impairment due to use of alcohol, illegal sub stances, or prescription drugs
- Incapacitation due to mental, physical or medical conditions
- Practicing a profession or occupation without holding a valid license as required by statute or regulation to include: practicing on a revoked, suspended, lapsed, non-existent or expired license, as well as aiding and abetting the practice of unlicensed activity

Fraud – 30 Points

- Misappropriation of property

Business Practice Issues – 20 Points

- Records, inspections, audits
- Required report not filed

Continuing Education – 10 Points

- Failure to obtain or document continuing educa tion requirements

Step 2: Offense and Respondent Factors *(score all that apply)*

Score all factors relative to the totality of the case presented.

Enter "40" if the respondent was impaired at the time of the offense due to substance abuse (alcohol or drugs) or mental/ physical incapacitation.

Enter "30" if the respondent has had any past difficulties in the following areas: drugs, alcohol, mental or physical capabilities. Examples include: prior convictions for DUI/ DWI, inpatient/outpatient treatment, and bona fide mental health care for a condition affecting his/her abilities to function safely or properly.

Enter "30" if there was financial or material gain by the respondent.

Enter "30" if this was an act of commission. An act of commission is interpreted as purposeful or with knowledge.

Enter "20" if the respondent was employed for more than three years with the facility associated with the current case.

Enter "20" if the respondent has any prior violations. Prior violations may have been decided by the Virginia Board of Long-Term Care Administrators, another state Board or another entity. DOH/DSS survey violations are not scored here.

Enter "20" if a patient was injured. Patient injury is deprivation, neglect, or when a minimum of first aid was administered. This factor can be scored regardless of a respondent's lack of intent to harm (i.e. neglect or accidental injury).

Enter "10" if the offense involves two or more patients. Patient involvement does not require direct contact with a patient (i.e. fraudulently billing multiple patients).

Enter "10" if there were violations at multiple locations. Score this factor if the respondent has committed violations at more than one physical location and those violations are being considered as a part of the current case.

Enter "10" if the case involved a Department of Health or Department of Social Services Survey.

Enter "10" if there are more than 12 founded survey violations.

Enter "10" if there were survey violations upon re-inspection.

Step 3: Add Case Type and Offense and Respondent Factor Scores for a Total Worksheet Score

Step 4: Determining the Sanction Recommendation

The Total Worksheet Score corresponds to the sanctioning recommendations located at the bottom of the worksheet. To determine the appropriate recommended sanction, find the range on the left that contains the Total Worksheet Score. These points correspond to the recommended sanction in the right column. For instance, a Total Worksheet Score of 40 is recommended for "Reprimand/ Monetary Penalty."

Step 5: Coversheet

Complete the coversheet including the SRP sanction threshold result, the imposed sanction, and the reasons for departure if applicable.

Long-Term Care Administrators - Sanctioning Reference Points Worksheet

Case Type (score only one)	Points	Score	
Inability to Safely Practice	40		score only one
Fraud	30		
Business Practice Issues	20		
Continuing Education	10		

Offense and Respondent Factors (score all that apply)			
Respondent impaired during the incident (drugs, alcohol, mental, physical)	40		score all that apply
Past difficulties (drugs, alcohol, mental, physical)	30		
Financial/Material gain by the respondent	30		
Act of commission	30		
More than three years in current position	20		
Any prior violation (by Va. Board, other state or entity)	20		
Patient injury	20		
Two or more patients involved	10		
Violations at multiple locations	10		
Case involved a Department of Health/DSS Survey	10		
More than 12 survey violations cited	10		
Survey violations resulting from re-inspection	10		

Total Worksheet Score ☐

Score	**Sanctioning Recommendations**
0 - 50	Reprimand/Monetary Penalty
51 - 90	Corrective Action/CE
91 or more	Recommend Formal or Accept Surrender

Respondent Name: _____ Date: _____

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